

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

CITIZENS FOR STRENGTH AND SECURITY

(b) Address (number and street)

☐ check if different than previously reported

1718 M STREET NW S342

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001259**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8**(b) Communication Title** Friends**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: 527 Political Org.**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Lora Haggard

(b) Address (number and street)

29 briarwood Drive

(c) City, State and ZIP Code

Ringgold

GA

30736

(d) Name of Employer or Principal Place of Business

Citizens For Strength And Security

(e) Occupation

Treasurer

9. Total Donations This Statement

475000.00

10. Total Disbursements/Obligations This Statement

455184.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Lora Haggard

SIGNATURE Electronically Filed by Lora Haggard

DATE 10/31/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

PAGE 2 / 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transction ID : F91.000001	
	Lora Haggard		
	(b) Address (number and street) 29 Briarwood Drive		
	(c) City, State and Zip Code		
	Ringgold	GA	30736
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Citizens For Strength And Security		Treasurer

A. Full Name of Donor

Majority Action

Mailing Address of Donor
P.O. Box 67187

City	State	Zip
Washington	DC	20013

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount

100000.00

Transaction ID : F92.000001

B. Full Name of Donor

International Brotherhood of Teamsters

Mailing Address of Donor
25 Louisanna Avenue, NW

City	State	Zip
Washington	DC	20001

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount

100000.00

Transaction ID : F92.000002

C. Full Name of Donor

IUPAT

Mailing Address of Donor
1750 New York Avenue, NW

City	State	Zip
Washington	DC	20006

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount

25000.00

Transaction ID : F92.000003

D. Full Name of Donor

UFCW

Mailing Address of Donor
1775 K Street, NW

City	State	Zip
Washington	DC	20006

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount

250000.00

Transaction ID : F92.000004

SUBTOTAL of Donations This Page (optional).....

475000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

475000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 4 / 4

A. Full Name (Last, First, Middle Initial) of Payee LUC Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>			
Mailing Address of Payee 25 Whitlock Place Suite 201				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">436000.00</div>			
City Marietta		State GA		Zip Code 30064		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy: Friends							
Name of Federal Candidate Mitch McConnell		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: KY District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

B. Full Name (Last, First, Middle Initial) of Payee See Change Media, LLC				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>			
Mailing Address of Payee 8609 West Knoll Drive #D				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19184.00</div>			
City West Hollywood		State CA		Zip Code 90069		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Media Production							
Name of Federal Candidate Mitch McConnell		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: KY District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000004		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">455184.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">455184.00</div>